

CLAIMS ONLY							Application Number <b>10/697259</b>		Filing Date		
Applicant(s)							* May be used for additional claims or amendments				
CLAIMS	AS FILED		AFTER FIRST AMENDMENT		AFTER SECOND AMENDMENT		*		*		
	Indep	Depend	Indep	Depend	Indep	Depend	Indep	Depend	Indep	Depend	
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Total Indep	4										
Total Depend	24										
Total Claims	28										
51											
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Filing Date

Applicant(s)

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